

22ND JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. TAMMANY

STATE OF LOUISIANA
NO: 2015-13029

DIVISION: J

STATE OF LOUISIANA-DIVISION OF ADMINISTRATION,
OFFICE OF COMMUNITY DEVELOPMENT,
DISASTER RECOVERY UNIT -
HAZARD MITIGATION GRANT PROGRAM

VS.

FELICIA NEISHAWN BARNES

FILED

JUL 23 2015

PETITION FOR DECLARATORY JUDGMENT AND FOR
JUDGMENT TO RECOVER HAZARD MITIGATION
GRANT PROGRAM FUNDS

MALISE PRIETO - CLERK
Deputy CLERK
CONNIE GENNARO

NOW INTO COURT, through undersigned counsel, comes Petitioner, the State of Louisiana, Office of Community Development, Disaster Recovery Unit - Hazard Mitigation Grant Program (hereinafter "HMGP"), which respectfully files this Petition for Declaratory Judgment and for Judgment to Recover Hazard Mitigation Grant Program Funds. In support, HMGP respectfully represents:

1.

The Defendant in this case is Felicia Neishawn Barnes, a major domiciliary of St. Tammany Parish, who voluntarily participated in HMGP to mitigate her home after Hurricane Katrina.

2.

HMGP is a mitigation program funded by FEMA and is administered by the State of Louisiana, the grantee. HMGP assists homeowners whose homes were damaged as a result of Hurricanes Katrina and Rita. It also helps homeowners in coastal Louisiana protect their homes from damage, which may occur in future natural disasters, by elevating their homes, reconstructing safer structures, or installing individual mitigation measures. The State of Louisiana serves as the funding vehicle by which FEMA funds are awarded to eligible homeowners.

3.

Defendant executed a Voluntary Participation Agreement (hereinafter "VPA") on May 10, 2010, to participate in HMGP and to receive an HMGP grant. Defendant also agreed to

comply with all HMGP guidelines, which includes using HMGP funds for their intended purpose. *Exhibit A*.

4.

FEMA Grant Funds in the amount of \$7,500.00 (hereinafter "FEMA Grant Funds") were paid to Defendant by HMGP on or about July 13, 2010 for the specific purpose of Individual Mitigation Measures (hereinafter "IMM") at her home located at 128 Trafalgar Square, Slidell, LA 70461. *Exhibit B*.

5.

Photographs dated February 26, 2015 show that although the FEMA Grant Funds were received, Defendant's home was not mitigated. *Exhibit C (in globo)*.

6.

Five (5) separate collection letters were mailed to Defendant. The first letter mailed January 4, 2013 informed Defendant that the FEMA Grant Funds had to be returned to the State of Louisiana. *Exhibit D (in globo)*.

7.

The second letter dated April 12, 2013 was mailed to Defendant. *Exhibit E (in globo)*.

8.

The third letter dated April 23, 2013 was mailed and received by Defendant per the Attachment 1, which Defendant signed on May 23, 2013 and returned to HMGP. *Exhibit F (in globo)*.

9.

The fourth letter dated March 21, 2014 was mailed to Defendant. *Exhibit G (in globo)*.

10.

The fifth letter dated April 13, 2015 was mailed to Defendant. *Exhibit H (in globo)*.

11.

Defendant has failed to respond to the letters and has failed to return the funds to the State.

12.

Defendant's failure to return the FEMA Grant Funds has resulted in Defendant owing to HMGP the FEMA Grant Funds, which must be recovered by HMGP, the State program charged with distributing FEMA funds for mitigation projects.

13.

HMGP must account to FEMA for all funds issued to homeowners. Failure of HMGP to recover the FEMA Grant Funds from Defendant will result in reimbursement to FEMA being required by the State of Louisiana.

14.

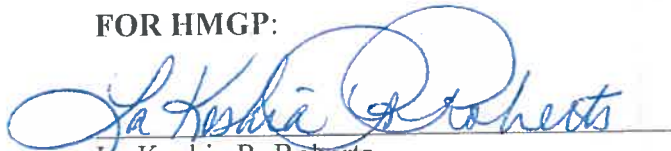
HMGP requests that the debt of \$7,500.00, owed by Felicia Neishawn Barnes to HMGP, be recognized and that judgment in favor of HMGP be granted, directing Defendant to return and pay the FEMA Grant Funds to the State, in full.

ALL PREMISES CONSIDERED, WHEREFORE, HMGP PRAYS:

- a. That this Honorable Court declare that Defendant, Felicia Neishawn Barnes, is non-compliant with the Voluntary Participation Agreement signed by her;
- b. That this Honorable Court declare that Defendant, Felicia Neishawn Barnes, is indebted to HMGP in the amount of \$7,500.00 because of her failure to mitigate her home according to her agreement to abide by HMGP guidelines, including using HMGP funds for their intended purpose;
- c. That Defendant, Felicia Neishawn Barnes, be ordered to return the \$7,500.00 HMGP grant to HMGP, in full;
- d. That there be judgment rendered herein in favor of HMGP and against Defendant, Felicia Neishawn Barnes, in the full sum of \$7,500.00;
- e. That Defendant, Felicia Neishawn Barnes, be assessed all costs and fees associated with this matter; and
- f. That the Court grant such other relief as is just and proper.

Respectfully submitted:

FOR HMGP:



La Koshia R. Roberts

Bar Roll No. 26715

State of Louisiana, through

its Division of Administration

2021 Lakeshore Drive, Suite 100

New Orleans, Louisiana 70122

Telephone: (504) 284-4022

Facsimile: (504) 284-4091

LaKoshia.Roberts@la.gov

**PUBLIC ENTITY/FEE EXEMPT
(La.R.S. 13:4521 and 13:5112)**

T. Randolph Richardson (Special Counsel)

Bar Roll No. 11245

Law Office of T. Randolph Richardson

1010 Common Street, Suite 3000

New Orleans, LA 70112

Phone: 504-212-4163

Fax: 504-581-7083

Email: trichar994@aol.com

22TH JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. TAMMANY

STATE OF LOUISIANA

2015-13029

NO: _____

DIVISION: 5

STATE OF LOUISIANA-DIVISION OF ADMINISTRATION,
OFFICE OF COMMUNITY DEVELOPMENT,
DISASTER RECOVERY UNIT –
HAZARD MITIGATION GRANT PROGRAM

VS.

FELICIA NEISHAWN BARNES

FILED

JUL 23 2015

MALISE PRIETO - CLERK
Deputy
S/CONNIE GENNARO

VERIFICATION

CONSIDERING THE FOREGOING PETITION FOR RECOVERY OF HAZARD
MITIGATION GRANT PROGRAM FUNDS:

I, CRAIG P. TAFFARO, JR., Director of the State of Louisiana's Hazard Mitigation
Grant Program, declare under penalty of perjury that the representations made in the foregoing
Petition are true and correct to the best of my knowledge, belief and understanding.

THUS DONE ON THIS 22nd DAY OF July 2015 IN NEW ORLEANS,
Orleans Parish, LOUISIANA.



Craig P. Taffaro, Jr.



La Koshia Reconda Roberts
Notary Public
Bar Roll No. 26715
My Commission expires at death.

PLEASE SERVE:

FELICIA NEISHAWN BARNES
477 PAT DRIVE
WESTWEGO, LA 70094

2015-13029

FILED

OCD-DRU

HAZARD MITIGATION PROGRAM

VOLUNTARY PARTICIPATION AGREEMENT (VPA)

Complete and return this form by mail to:

OCD-DRU HMGP Program
P. O. Box 1089
Hammond, LA 70404-1089

JUL 23 2015

MALISE PRIETO-CLERK

S/CONNIE GENNARO

Road Home # 06HH 0044015414

SECTION 1: Mitigation ELECTION (check one)

☐ I/We have sold the home that was damaged during the storm and therefore will not be participating in the OCD-DRU HMGP Award Program.

☐ I/We are not interested in receiving an OCD-DRU HMGP Award

IF YOU CHECKED EITHER OF THE ABOVE: SIGN BELOW AND RETURN THIS FORM, OTHERWISE CONTINUE.

Applicant or Co-Applicant NAME

Applicant or Co-Applicant SIGNATURE

Date

Applicant or Co-Applicant NAME

Applicant or Co-Applicant SIGNATURE

Date

Home Phone: ()

Cell Phone: ()

Are you signing as an agent with Power of Attorney (POA) for an applicant? YES NO If signing as agent with Power of Attorney:

Agent NAME (person with POA)

Agent SIGNATURE

Date

☒ I/WE AM/ARE INTERESTED IN RECEIVING AN OCD-DRU HMGP AWARD. IF YOU CHECK THIS BOX, YOU NEED TO MEET ALL CRITERIA IN SECTION 2.

SECTION 2: PROGRAM ELIGIBILITY

A homeowner must meet ALL of the following criteria to be considered for the OCD-DRU HMGP Award:

- a. Applicant is eligible for Road Home Program benefits as part of the Homeowner Assistance Program.
(NOTE: Even if a homeowner received a zero award letter from Road Home, that homeowner may still be eligible for money through the OCD-DRU HMGP.
- b. Homeowner selected *Road Home* Option 1 – "Keep Our Home".
- c. Homeowner still owns the home that was eligible for *Road Home* benefits.
- d. The structure is located in a FEMA designated ABFE area or the mitigation activity is deemed cost beneficial according to FEMA guidelines. (IMMs are not required to undergo a cost benefit analysis since FEMA has determined all IMMs to be globally cost beneficial for this grant.
- e. Homeowner agrees to comply with all OCD-DRU HMGP guidelines.

ST TAMMANY PARISH

2015 JUL 23 P 1:06

Page 1 of 2

EXHIBIT

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A

SECTION 3: I AM INTERESTED IN PARTICIPATING IN THE FOLLOWING PROGRAM/S:

☐ Pilot Reconstruction ☐ Elevation ☒ Individual Mitigation Measures (IMM)

SECTION 4: VPA STATEMENT OF COMPLIANCE

This Agreement of Voluntary Participation is made on 5/10/10 (date). I/We are the owner of the following property, eligible for Road Home assistance and damaged by Hurricane Katrina and/or Rita at the following municipal address:

178 Tricelburg Slide 11 St. Tammany 70461 (the "Property").
Street City Parish ZIP

I/We currently plan to participate in the OCD DRU HMGP Program. I/We understand that participation in OCD-DRU HMGP Program and understand that:

- The program is voluntary in nature;
- I/We are under no obligation to participate;
- I/We may drop out of the program at any time before receiving an award;
- The program reimburses cost of mitigation measures, homeowner must complete measures and request reimbursement from OCD-DRU's HMGP;
- Due to limited funding, IMM will be serviced on a "first come, first serve" basis until all funding is exhausted.

7/6 I/We understand that before cost will be reimbursed that an OCD-DRU HMGP Covenant must signed, which requires the property owner to obtain and maintain flood insurance. The OCD-DRU HMGP will be recorded with Conveyance Records in the parish where the property is located.

For Pilot Reconstruction Projects:

- Property owner has been notified that the reconstructed structure total square footage cannot exceed 10% of the total square footage of the original structure on or before the date of the event for which funding is authorized.
- Property owner has been notified that the maximum award amount is \$100,000, less duplication of benefits.
- Property owner confirms that the information described in the preceding paragraphs has been explained and the information is understood.

Felicia Powers Felicia Powers 5/10/10
Applicant or Co-Applicant NAME Applicant or Co-Applicant SIGNATURE Date

Applicant or Co-Applicant NAME

Applicant or Co-Applicant SIGNATURE

Date

Are you signing as an agent with Power of Attorney (POA) for an applicant? YES NO If signing as agent with Power of Attorney:

Agent NAME (person with POA)

Agent SIGNATURE

Date

JUL 28 2015

MALISE PRIETO-CLERK
Deputy
S/CONNIE GENNARO

Office of Statewide Reporting and Accounting Policy

INFO Louisiana

☐ Logoff Payee Locations Payee Search Payments Help

Payee Detail

Sort the information below by clicking on the column headers. Click on the agency number below for contact information.

Payee Remittance Address:
128 TRAFALGAR SQUARE
SLIDELL, LA 70461

Check/EFT Number: AD 00003848087
Check/EFT Date: 07/13/2010
Status Change Date: //
Status: Outstanding

Check/EFT Line Details:
(click on agency for contact information)

Check/EFT Total: 7,500.00

Total Number of Lines : 1

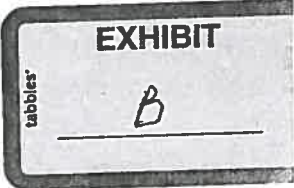
Agency	Document ID	Ref Doc ID	Invoice #	Comments	Line Amount
107	PVQ00038665		HM0300001571	06HH015414	7,500.00

ISIS Calendar (CY) Help Desk GASB 34 and 35 Search OSRAP Contacts

HSIYVJANYHMYL19

90:1 d E2 70r 5102

03713



2015-130293
FILED

JUL 23 2015

MALISE PRIETO-CLERK
Deputy S/CONNIE GENNARO

ahead

OCD DRU HMGP
INITIAL INSPECTION CHECK LIST

TIME OF OBSERVATION: 9:00 AM

APT ICANT ID: 0641 015 414

DAMAGED PR. PARTY ADDRESS: 118 TAFACCA Dr (S. 1st St) 70461

DAMAGED PR. PARTY COORDINATES LATITUDE: LONGITUDE:

Home Occupied: Yes ☒ No ☐

Windows Count the number of window openings and itemize by product type below:

Impa	Acco	Bertha	Colonial	Roll-Down	Panel	Screen	Other

Total Number of Windows Mitigate

Doors - Count the number of doors & itemize by product type below:

Solid	Door with Glass	Other

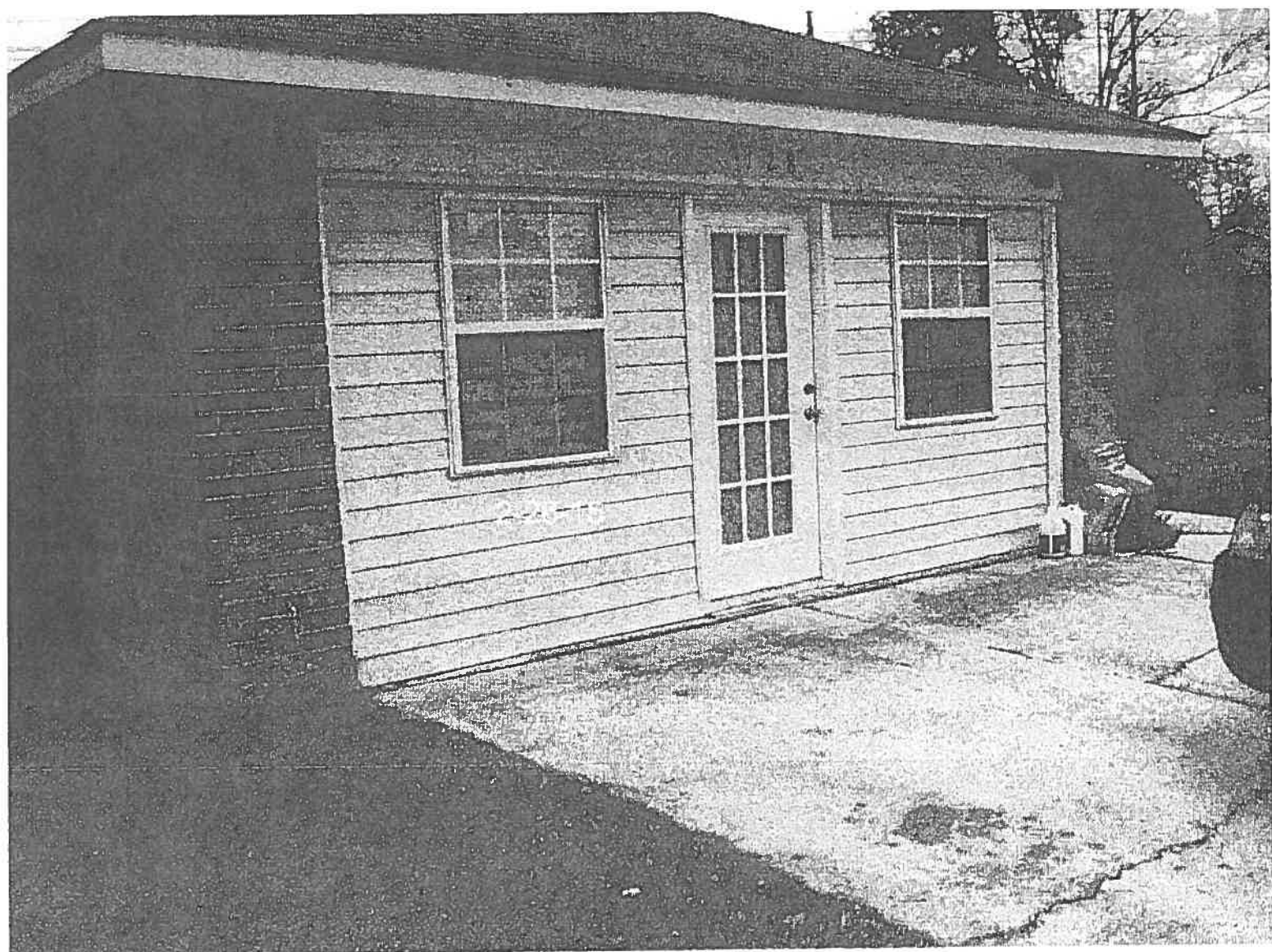
Total Number of Doors with Glass Not Mitigated

Exterior Structure: Yes ☐ No ☐

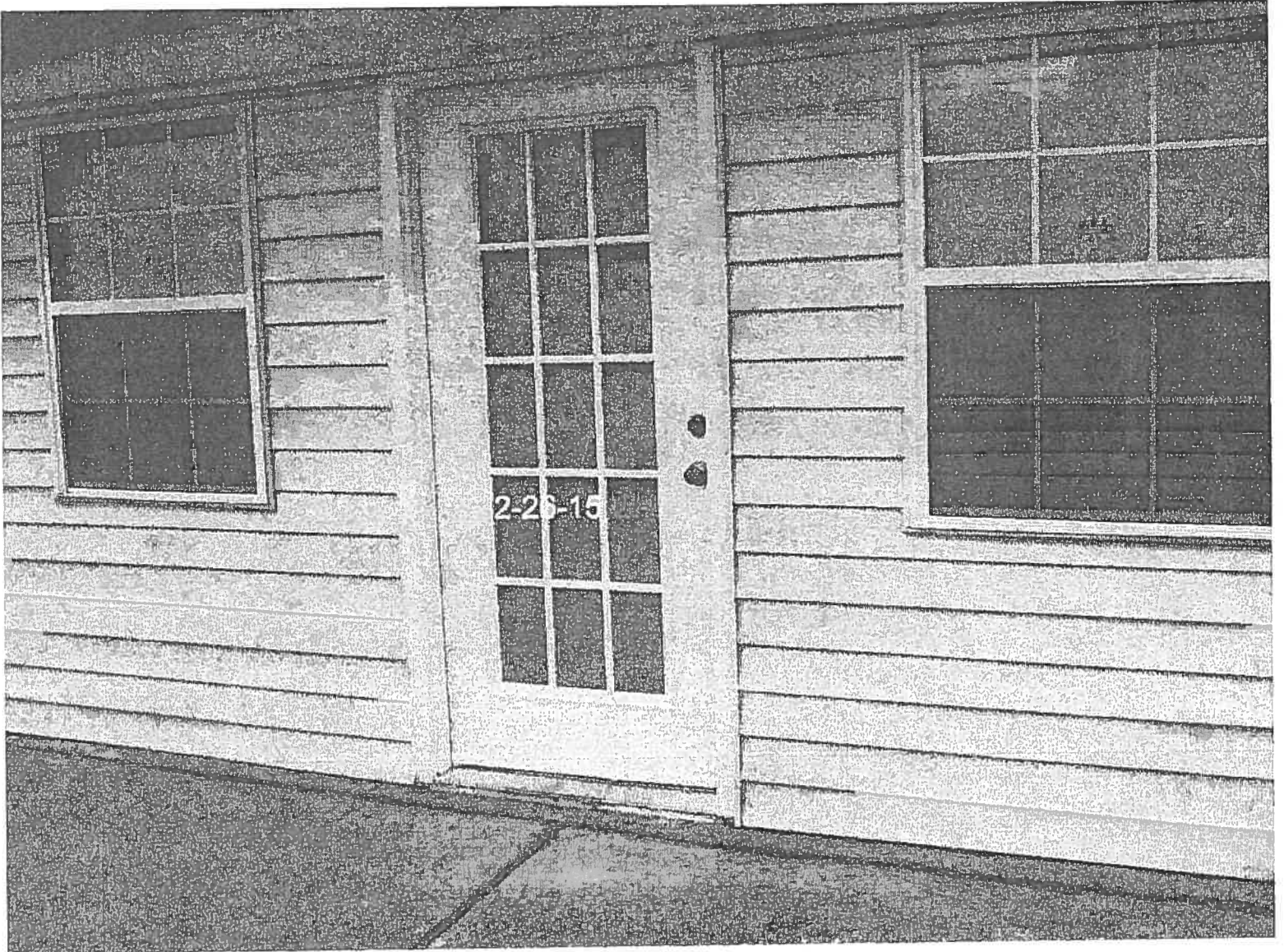
Interior Structure: Yes ☐ No ☐

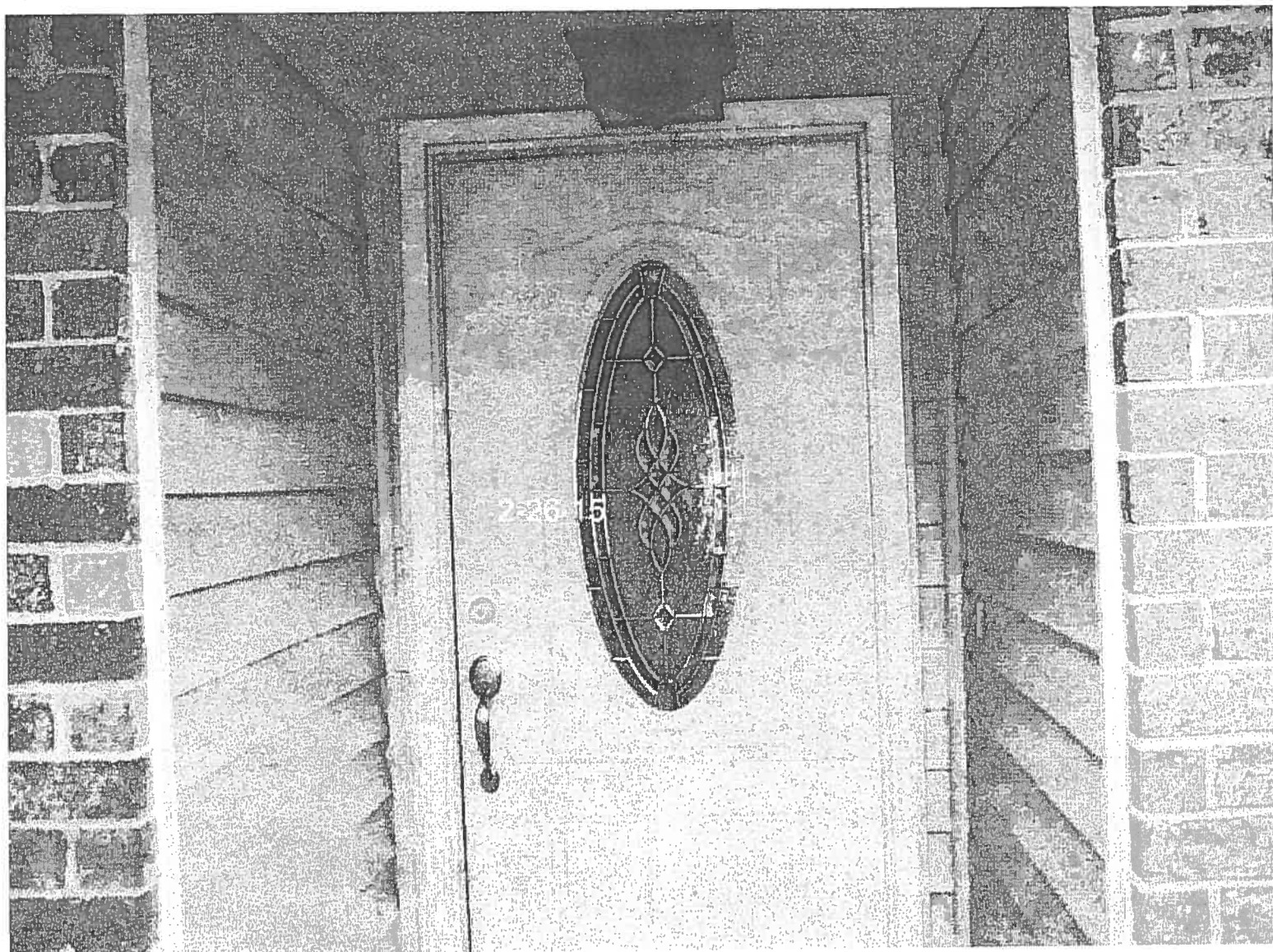
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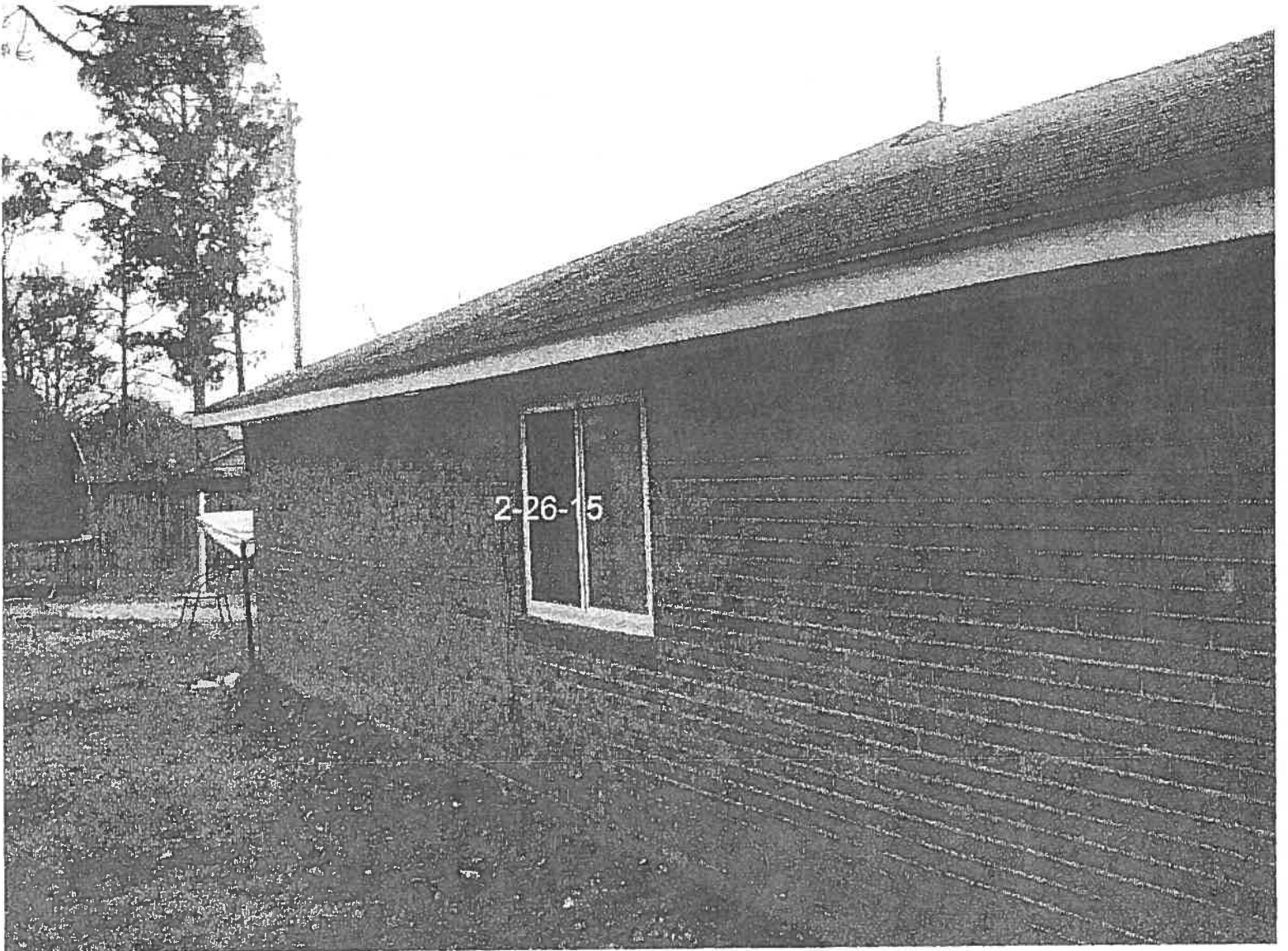




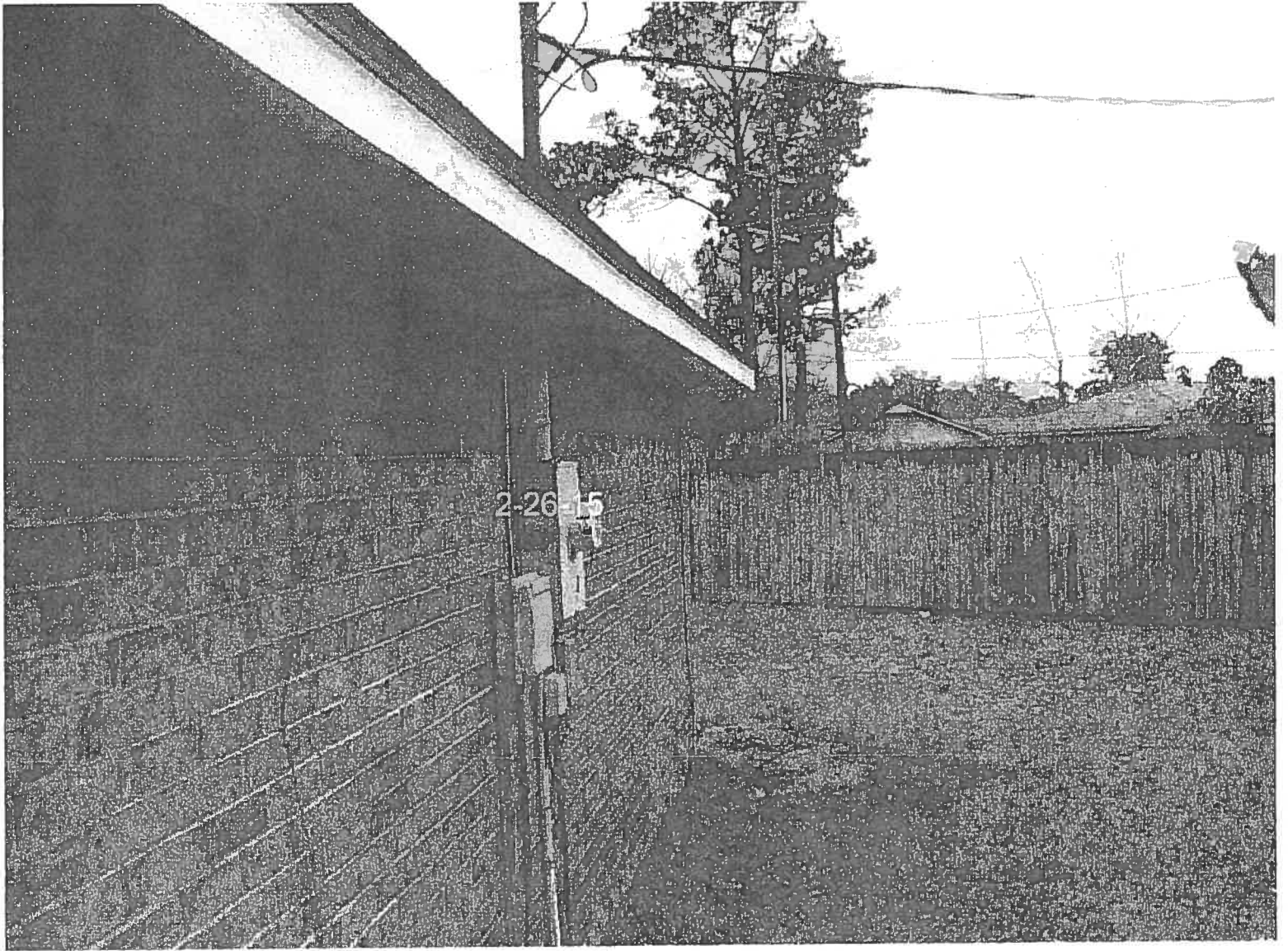


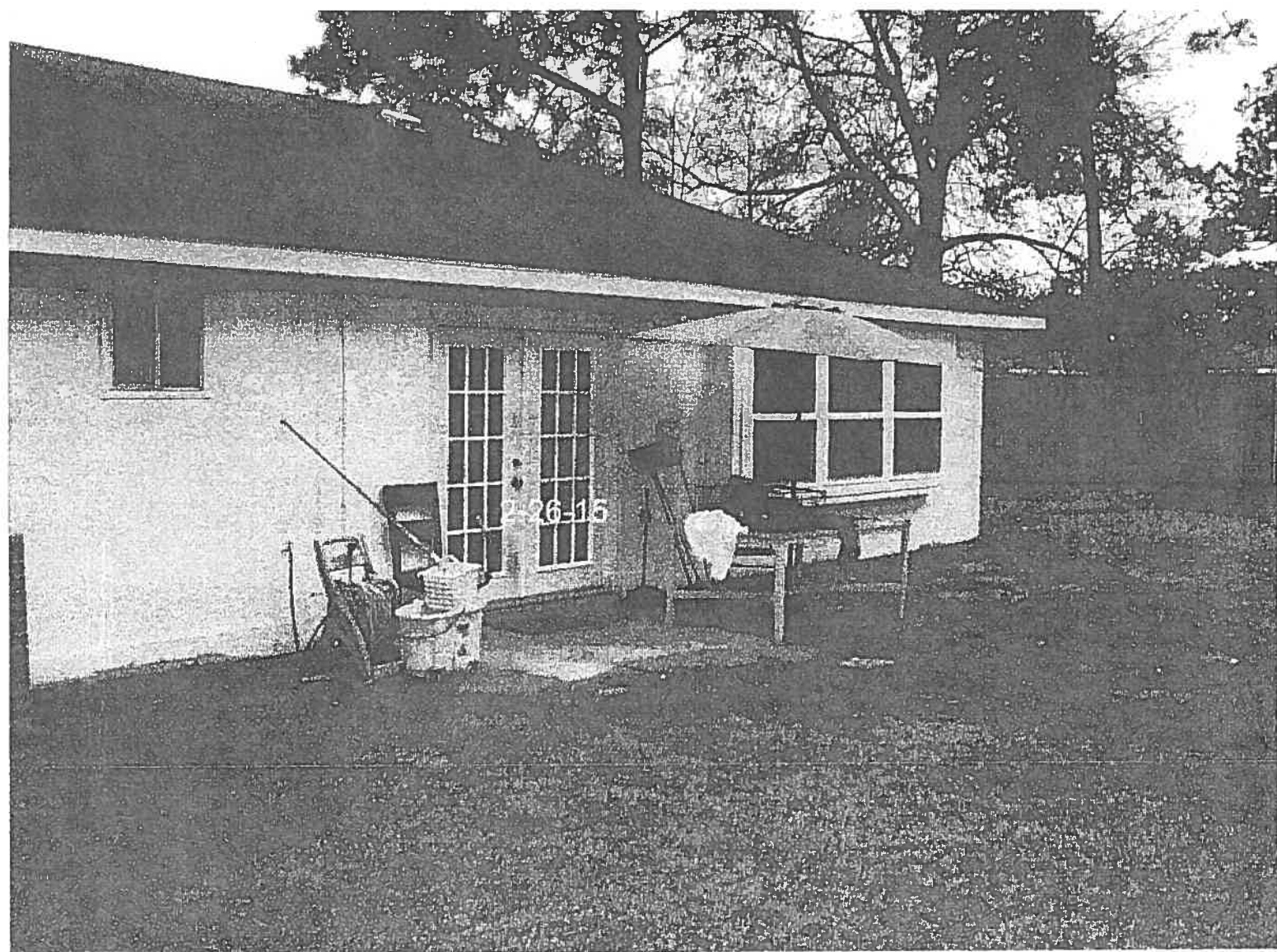


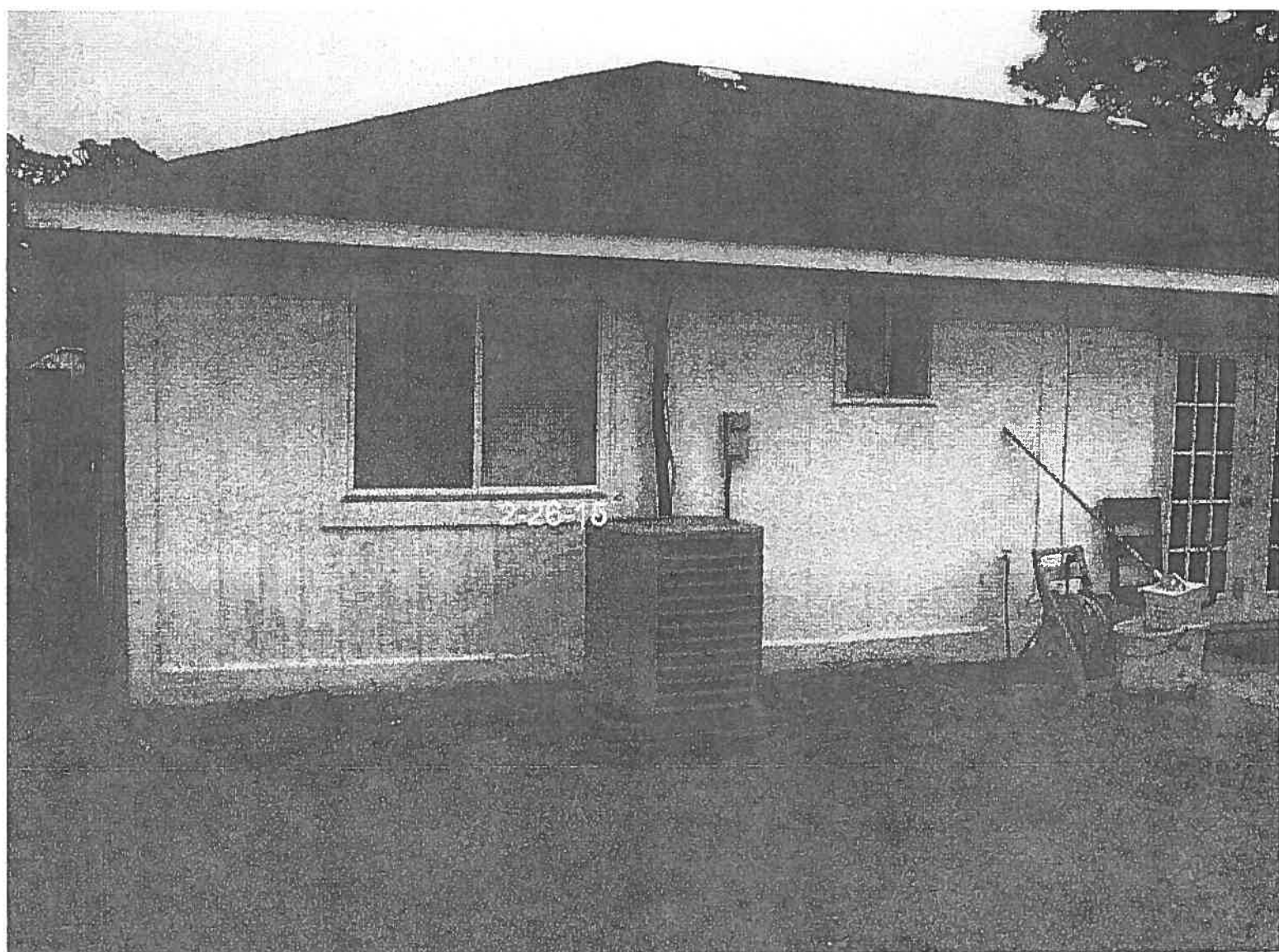












APPLICANT: OCTUBER 1970

PROPERTY ADDRESS: 1234

DEED PROPERTY COMPONENTS LA DE

Windows: Count the number of window openings and list by product type below

Imp	Accordion	Bertha	Original	Roll Down	Panel

Total Number of Windows: 10

Doors: Count the number of doors & list by product type below

Solid	Door with Glass	Other
3	3	

Total Number of Doors with Glass: 3

EMERGENCY MEETING: Yes

EMERGENCY MEETING: No

EMERGENCY MEETING: No

EMERGENCY MEETING: No

EMERGENCY MEETING: No

EMERGENCY MEETING: No

Signature: [Signature]

Date: 11/1/70

Signature: [Signature]

Date: 11/1/70



State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •
hazardmitigation@mitigatela.org

01/04/2013

Felicia Barnes
128 Trafalgar Square
Slidell, LA 70461

SUBJECT: Verification of Mitigation Grant Funds

Dear Felicia Barnes:

A review has been completed on your Hazard Mitigation grant file in order to confirm you received the correct amount of grant funds. The grant requires that the homeowner meet specific requirements listed in the Alternative Payment Option Affidavit and Agreement. Failure to satisfy the conditions listed in the Alternative Payment Option Affidavit and Agreement and the OCD-DRU HMGP Covenant will place you in default of this agreement. In hopes that your input may prevent the need to seek a return of grant funds, please review the information below for accuracy and provide additional documentation as necessary.

Our review has determined that the following apply to your IMM grant(s):

Grant funds were not used for the purposes intended and in accordance with the policies of the Hazard Mitigation Grant Program.

Due to the determination noted above, your grant values have been adjusted:

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$0.00	Elevation Grant	\$0.00
Individual Mitigation Measures (IMM)	\$7,500.00	Individual Mitigation Measures (IMM)	\$0.00
Reconstruction Grant	\$0.00	Reconstruction Grant	\$0.00
Total HMGP Funds Received	\$7,500.00	Total Hazard Mitigation Benefit	\$0.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH015414 is \$7,500.00.

2015-13029J
Road Home ID: 06HH015414

FILED

JUL 23 2015

MALISE PRIETO-CLERK
Deputy
SICONNIE GENNARO

FILED

JUL 23 1:00 PM
TAMM HYPARIS

EXHIBIT

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Please understand that the State of Louisiana remains committed to ensuring that your application was processed in an accurate and fair manner, and in accordance with all governing laws, rules, and policies. We have assigned Deidra Davis, a case manager in our office, to work with you in connection with this request for input. If you believe that the reason(s) stated above for the change of your grant amount is wrong, we need you to provide information for our consideration that shows the above finding is incorrect. Please return ATTACHMENT 1 (page 3 of this letter) with all supporting documentation to OCD for a final review.

Your response must be postmarked within thirty (30) days of the date at the top of this notification letter. If you have additional questions regarding this letter, please call 225/330-0719 or send email to deidra.davis@mitigatela.org for assistance.

If you agree with the finding that an overpayment has occurred, you can return the funds as provided in Attachment 1. If you are unable to provide a full payment at this time, please contact your case manager for further instructions.

We appreciate your assistance in connection with this request. Failure to respond will be interpreted as your confirmation of this calculation and determination, and may result in additional collection activities.

Sincerely,

Office of Community Development - HMGP

Attachment 1

THIS FORM MUST BE SIGNED BY THE BELOW NAMED APPLICANT AND RETURNED BY MAIL TO THE OFFICE OF COMMUNITY DEVELOPMENT ON OR BEFORE **02/04/2013**

Road Home ID: 06HH015414

Applicant Name: Felicia Barnes

Co-Applicant Name: N/A

Address: 128 Trafalgar Square, Slidell, LA 70461

Case Manager: Deldra Davis

Please select one (1) option below. This form must be returned within thirty (30) days of the date on this letter.

- ☐ I have elected to return the overpayment to the Office of Community Development, Disaster Recovery Unit. I have enclosed my certified check, made payable to "Louisiana Division of Administration - DRU", in the amount of \$7,500.00 mailed to:

Division of Administration
Office of Community Development
Hazard Mitigation Grant Program
Finance Department
P.O. Box 706
Baton Rouge, Louisiana 70821

- ☐ I agree with the finding that an overpayment has occurred but cannot make full payment at this time. Please have my case manager contact me. My proposed repayment plan is attached.
- ☐ I disagree with the finding of an overpayment of my Hazard Mitigation grant and have enclosed supporting documents. The following factors used to calculate my award are incorrect:

PRINTED NAME: _____ Date _____

SIGNATURE: _____

- ☐ I am not the primary applicant for this case. If checked, please state your relationship:



State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •
hazardmitigation@mitigatela.org

April 12, 2013

MS FELICIA NEISHAWN BARNES
128 TRAFALGAR SQ
SLIDELL, LA 70461

2015-130295
Road Home ID: 06HH015414

SECOND NOTICE
FILED

JUL 23 2015

SUBJECT: Verification of Mitigation Grant Funds

Dear MS FELICIA NEISHAWN BARNES:

MALISE PRIETO-CLERK
Deputy **S/CONNIE GENNARO**

A review has been completed on your Hazard Mitigation grant file in order to confirm you received the correct amount of grant funds. The grant requires that the homeowner meet specific requirements listed in the Alternative Payment Option Affidavit and Agreement. Failure to satisfy the conditions listed in the Alternative Payment Option Affidavit and Agreement and the OCD-DRU HMGP Covenant will place you in default of this agreement. In hopes that your input may prevent the need to seek a return of grant funds, please review the information below for accuracy and provide additional documentation as necessary.

Our review has determined that the following apply to your grant(s).

- Grant funds were not used for the purposes intended and/or in accordance with the policies of the Hazard Mitigation Grant Program.

Due to the determination noted above, your grant values have been adjusted:

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Individual Mitigation Measures (IMM)	\$7,500.00	Individual Mitigation Measures (IMM)	\$0.00
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Total HMGP Funds Received	\$7,500.00	Total Hazard Mitigation Benefit	\$0.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH015414 is \$7,500.00.

EXHIBIT

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Sincerely,

Office of Community Development - HMGP

Attachment 1

THIS FORM MUST BE SIGNED BY THE BELOW NAMED APPLICANT AND RETURNED BY MAIL TO THE OFFICE OF COMMUNITY DEVELOPMENT ON OR BEFORE **May 2, 2013**.

Road Home ID: 06HH015414

MS FELICIA NEISHAWN BARNES
128 TRAFALGAR SQ
SLIDELL, LA 70461

Case Manager: Deidra Davis

Please select **one** (1) option below. This form must be returned within fifteen (15) days of the date on this letter.

- ☐ I have elected to return the overpayment to the Office of Community Development, Disaster Recovery Unit. I have enclosed my certified check, made payable to "Louisiana Division of Administration - DRU", in the amount of \$7,500.00 mailed to:

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Office of Community Development
Hazard Mitigation Grant Program
Finance Department
P.O. Box 706
Baton Rouge, Louisiana 70821

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State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 821-8312 • FAX 225 330 0846 •
hazardmitigation@mitigatela.org

April 23, 2013

MS FELICIA NEISHAWN BARNES
116 BROOKTER ST
SLIDELL, LA 70461

2015-130295

Road Home ID: 06HH015414

SECOND NOTICE

FILED

SUBJECT: Verification of Mitigation Grant Funds

JUL 23 2015

Dear MS FELICIA NEISHAWN BARNES:

MALISE PRIETO-CLERK
D. SCOTT GENNARO

A review has been completed on your Hazard Mitigation grant file in order to confirm you received the amount of grant funds. The grant requires that the homeowner meet specific requirements listed in the Alternative Payment Option Affidavit and Agreement. Failure to satisfy the conditions listed in the Alternative Payment Option Affidavit and Agreement and the OCD-DRU HMGP Covenant will place you in default of this agreement. In hopes that your input may prevent the need to seek a return of grant funds, please review the information below for accuracy and provide additional documentation as necessary.

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EXHIBIT

tabbles

F

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Sincerely,

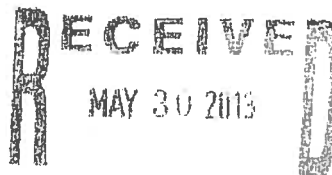
Office of Community Development - HMGP

Attachment 1

THIS FORM MUST BE SIGNED BY THE BELOW NAMED APPLICANT AND RETURNED BY MAIL TO THE OFFICE OF COMMUNITY DEVELOPMENT ON OR BEFORE **May 13, 2013**.

Road Home ID: 06HH015414

MS FELICIA NEISHAWN BARNES
116 BROOKTER ST
SLIDELL, LA 70461



Case Manager: Deldra Davis

Please select one (1) option below. This form must be returned within fifteen (15) days of the date on this letter.

- ☐ I have elected to return the overpayment to the Office of Community Development, Disaster Recovery Unit. I have enclosed my certified check, made payable to "Louisiana Division of Administration - DRU", in the amount of \$7,500.00 mailed to:

Division of Administration
Office of Community Development
Hazard Mitigation Grant Program
Finance Department
P.O. Box 706
Baton Rouge, Louisiana 70821

- ☒ I agree with the finding that an overpayment has occurred but cannot make full payment at this time. Please have my case manager contact me. My proposed repayment plan is attached.

- ☐ I disagree with the finding of an overpayment of my Hazard Mitigation grant and have enclosed supporting documents. The following factors used to calculate my award are incorrect:

PRINTED NAME:

Felicia Barnes

Date

5/23/13

SIGNATURE:

Felicia Barnes

- ☐ I am not the primary applicant for this case. If checked, please state your relationship:



State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •
hazardmitigation@mitigatela.org

«Date»

«App_First_Name» «App_Last_Name»

«Mailing_Address»

«Mailing_City», «Mailing_State» «Mailing_Zip»

Road Home ID: «App_ID»

SUBJECT: Final HMGP Collection Attempt

Dear «App_First_Name» «App_Last_Name»:

The Hazard Mitigation Grant Program has previously informed you of the need to reconcile the grant funds that were disbursed to you for your specific mitigation activity. The Program has previously sent you correspondence regarding the need to reconcile these funds. Because you have not responded, either through the return of grant funds or by providing satisfactory proof of completion of the funded mitigation activity, you are hereby notified that the Hazard Mitigation Grant Program is required to pursue collection of all funds.

You should be aware that the Hazard Mitigation Grant Program will use all available resources to recoup the grant funds disbursed to you including, but not limited to, collection agency services, wage garnishments, civil action, and income tax return liens.

This is the last correspondence you will receive from the Program in an attempt to collect these funds. Your file will then be referred to the appropriate agencies for collection efforts as well as review for potential criminal violations. All future correspondence will be directly from the appropriate collection agency.

A table has been attached describing the grant funds received and the related activity for those funds.

You may stop the above actions by immediately contacting the Hazard Mitigation Grant Program at (504) 284-4020 to make acceptable repayment arrangements. Once your file has been referred for collection, your ability to reconcile the funds directly with the Program will end.

Respectfully,

Craig P. Taffaro, Jr.
Director, Hazard Mitigation Grant Program
and Recovery Coordination

Enclosure

OCD-DRU HMGP is a federally-funded program. Providing false or misleading information in an attempt to fraudulently obtain HMGP funds is a federal violation and will be prosecuted to the full extent of the law. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. Because the HMGP program is a federally funded program, applicants are subject to Title 18, Section 1001 of the U.S. Code.

The Office of Community Development Disaster Recovery Unit does not discriminate on the basis of race, color, national origin, sex, age, religion or disability, and provides, upon request, reasonable accommodation, including auxiliary aids and services, to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. Any persons requiring special needs assistance should contact a Call Center Specialist, at (877) 824-8312 at least five business days prior to any scheduled meeting. The TDD number for the hearing impaired is 1-800-846-5277. Additional information regarding the use of the Louisiana Relay service can be found at the following link: http://www.hamiltonrelay.com/states/la_howto.htm.

AN EQUAL OPPORTUNITY EMPLOYER

2015-13029J

FILED

JUL 23 2015

MALISE PRIETO-CLERK
Deputy
S/CONNIE GENNARO

EXHIBIT

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Our review has determined that the following apply to your «Grant_Type» grant(s):

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	«Elevation_Gross_Paid»	Elevation Grant	«Elevation_Adjusted»
Individual Mitigation Measures (IMM)	«IMM_Gross_Paid»	Individual Mitigation Measures (IMM)	«IMM_Adjusted»
Reconstruction Grant	«Recon_Gross_Paid»	Reconstruction Grant	«Recon_Adjusted»
Total HMGP Funds Received	«Gross_Paid»	Total Hazard Mitigation Benefit	«Net_Amount»

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant «App_ID» is «Net_Amount».

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Confirmed by: *Sage King*
Mom *Deborah*



App ID	App First Name	App Last Name	Mailing Address	Mailing City	Mailing State	Mailing Zip
06HH196492	MELISSA	ADAMS	5126 Senac Drive	Metairie	LA	70003
06HH174539	JULIO	ALEGRIA	230 27th	Kenner	LA	70062
06HH056852	GLENN	ALEXIS	5010 PRESS DR	NEW ORLEANS	LA	70126
06HH023672	JEANNE	ALLEN	3336 Tinity Dr.	Kenner	LA	70065
06HH155204	LOUBERTHA	ALLEN	1933 PACE BLVD	NEW ORLEANS	LA	70114
06HH157524	REGINALD	ALLEN	2116 South Village Green Street	Harvey	LA	70058
06HH178676	JAMES	ALLEN	3248 BLOOMINGDALE CT	NEW ORLEANS	LA	70125
06HH088426	ANTHONY	ALMERICCO	2921 BUFFON ST	CHALMETTE	LA	70043
06HH061793	GEORGE	ALONZO	5013 SENAC DR	METAIRIE	LA	70003
06HH066138	MARCO	ALVAREZ	1700 HORTON RD	ALBERTVILLE	AL	35950 2564
06HH051905	THARISE	ANDERSON	5808 Milladom avenue	Marrero	LA	70072
06HH074522	VANESSA	ANDERSON	673 E NIAGARA CIR	GRETNIA	LA	70056
06HH076448	JAMES	ANDERSON	1700 St. Maurice Ave.	NEW ORLEANS	LA	70117
06HH133970	JOANA	ANDERSON	P.O. BOX 1162	MCDONOUGH	GA	30253
06HH080046	LEAH	AUGUSTINE	3852 PEACHTREE CT	New Orleans	LA	70131
06HH015615	DORRELL	BACHEMIN	2038 HEATHER LANE	SLIDELL	LA	70461
06HH130149	ESTELL	BADGER	1644 MARINE ST	Marrero	LA	70072
06HH006345	PAULINE	BANKS	3106 MONROE STREET	NEW ORLEANS	LA	70118
06HH097405	PAUL	BANKS	2552 RIDGECREST RD	MARRERO	LA	70072 5373
06HH023830	MONIQUE	BARCONEY	3214 Camellia Avenue	Houma	LA	70363
06HH051289	CORNELIA	BARDALES	4114 Saint Elizabeth Dr	Kenner	LA	70065 1643
06HH015414	FELICIA	BARNES	P.O. Box 3056	Slidell	LA	70461 7045
06HH046648	SHAMARIE	BARNETT	329 PAT DR	AVONDALE	LA	70094
06HH024796	WILBERT	BASTIAN	5705 BACCICH ST	New Orleans	LA	70122
06HH101679	JUANITA	BATISTE	5818 Louis Prima West Drive	New Orleans	LA	70128
06HH148666	EARL	BATTLE	1100 MARTIN DR	MARRERO	LA	70072
06HH039940	REGINALD	BEACO	2601 ARTS ST	NEW ORLEANS	LA	70117 5529
06HH006134	MELANIE	BECNEL	3820 Red Cedar Lane	Harvey	LA	70058 1607
06HH023696	MICHAEL	BELL	8541 Morrison Rd	New Orleans	LA	70127
06HH104779	BETTY	BENDER	PO BOX 1544	SLIDELL	LA	70459
06HH063216	JOSEPH	BENOIT	102 W SEGURA ST	ERAITH	LA	70533
06HH054058	PATRICIA	BICKHAM	5044 CLAYTON DR	BATON ROUGE	LA	70805
06HH106356	GEORGE	BICKHAM	4942 LURLINE STREET	NEW ORLEANS	LA	70127
06HH225286	MILDRED	BIRDEN	9461 CABILDO LN	WESTWEGO	LA	70094



State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

2021 LAKESHORE DRIVE, SUITE 100, NEW ORLEANS, LA 70122 • PHONE: 504-284-4020

April 13, 2015

2015-130295

FILED

JUL 23 2015

06HH015414
FELICIA BARNES
P.O. Box 3056
Slidell LA 70461 7045

Re: Collection of Outstanding Debt in the Amount of **\$7,500.00**

MAUISE PRIETO-CLERK
Deputy
S/CONNIE GENNARO

Dear FELICIA BARNES:

This letter is pursuant to your agreement to voluntarily participate in the State of Louisiana's Hazard Mitigation Grant Program ("HMGP") and to comply with all HMGP and Federal Emergency Management Agency ("FEMA") rules and guidelines, which includes the proper use of Federal grant funds for the mitigation of your home located at 128 TRAFALGAR SQ SLIDELL.

You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of **\$7,500.00**. However, you have continuously disregarded these notices. You have also been given the opportunity to execute a re-payment agreement which would allow you to satisfy your debt within an agreed upon timeframe and at an agreed monthly amount. However, as of this date, you have failed to and/or refused to execute a re-payment agreement.

If payments have been paid pursuant to a payment agreement, then you should immediately contact the Program to verify the amount currently owed to the Program.

Please know that litigation and/or prosecution will be instituted against you for the collection of your unresolved debt.

Sincerely,

La Koshia R. Roberts
Attorney for HMGP

EXHIBIT

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